

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091 302,375

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	✓						58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15	✓						65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22	✓						72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	✓						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	✓						85						
36	✓						86						
37	✓						87						
38	✓						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	38						TOTAL CLAIMS						

BEST AVAILABLE COPY